

Regional Bureau for **Eastern Africa**

NUTRITION Response



World Food Programme

SAVING
LIVES
CHANGING
LIVES

WFP/Michael Tewelde



Key Highlights

6 million pregnant and breastfeeding women and girls (PBWG) and children under 5 supported with the nutrition programme to treat those with moderate acute malnutrition.

11 million people reached with Social and Behaviour Change (SBC) activities.



Prevention of malnutrition reached **3 million** PBWG and under 5 children.

WFP is piloting cash as a modality to prevent acute malnutrition in 4 countries.

The use of cash for nutrition programmes are contributing to improved consumption of nutrient-dense foods.

In Eastern Africa, the year 2023 witnessed a concerning rise in the number of people, particularly children under 5 years of age and pregnant and breastfeeding women and girls (PBWG), requiring nutritional support primarily attributed to a combination of climatic shocks, including droughts and El Niño events, compounded by ongoing conflicts in the region. The war in Sudan that broke in April 2023 and continues to date has exacerbated the need for prevention and treatment of acute malnutrition programmes. Nutrition emergency response further escalated across neighbouring countries with no exception of age, gender or social status thereby increasing demand for food assistance over limited if not diminishing resources.

Decreased funding for both the treatment and prevention of acute malnutrition has negatively impacted the delivery of services. In some countries, WFP has had to introduce prioritisation, to only reach areas in IPC 4 level and above, this poses a risk of leaving out other vulnerable communities who require food and nutrition assistance. Further, socio-economic challenges such as continuing high food prices continuously posed a challenge, especially for the cash for nutrition programming.



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Treating and Preventing Moderate Acute Malnutrition

Overall, the WFP Regional Bureau for Eastern Africa was able to reach more than six million PBWG and children under 5 with moderate acute malnutrition treatment activities in addition to the over three million supported with malnutrition prevention activities.

Specialized Nutritious Foods (SNF) were supplemented to children under 5 years and PBWG, complementing by food assistance provided to the needy population. In various settings and at the individual level too, nutritional counselling and social behavioural change activities and services were facilitated to empower populations towards better healthy behaviours that affect their nutrition status. In 2023, these Social and Behaviour Change (SBC) activities have reached an estimated 11 million people.

In Burundi, Ethiopia, Somalia, South Sudan, Sudan and Uganda, WFP's treatment programme for crisis affected population achieved a recovery rate of more than 90 percent, and in Kenya an 84 percent recovery rate. These rates exceeded the recommended SPHERE standard rate of 75 percent, with remarkably low non-response, default, and mortality rates. This demonstrates programme effectiveness in treating acute malnutrition in PBWG and children under 5.

Responding to Nutrition crisis - MORE IS NEEDED



In Sudan, nutrition in emergency response was linked to the general food assistance to ensure coverage of nutritional needs of households with children under 5 years and PBWG. WFP was only able to reach a third of its planned targets. Over 178,000 children 6-59 months and PBWG received nutrition support to prevent acute malnutrition and nearly 147,000 children under 5 were reached by home fortification using micronutrient powders. In addition, 189,000 PBWG and children under 5 were reached with treatment of moderate acute malnutrition.

The low coverage is due to access and resourcing challenges which resulted in delayed delivery of interventions and non-functionality of health institutions. This, coupled with the long lead time for the supply of specialized nutritious foods (Ready to Use Supplementary Food), severely impacted WFP's ability to procure and provide nutrition products to the intended number of beneficiaries. The shortage was further exacerbated by the destruction of the SAMIL factory during the early stages of the conflict, which was the only local supplier of specialized nutritious foods to WFP's operations in Sudan.

While WFP's reach was impacted by the disruption to programming, the effectiveness of its emergency interventions and ability to achieve positive outcomes remained high.

WFP requires additional funding to continue to provide critical nutrition support to prevent malnutrition and to quickly treat PBWG and children with moderate acute malnutrition. WFP and its partners are working together to prioritize expanded access which will remain a top priority heading into 2024.

Cash for Prevention of Acute Malnutrition

WFP continued to explore the use of cash based transfers as a modality to prevent acute malnutrition. Somalia, Burundi, Ethiopia and Djibouti have ongoing cash for nutrition projects as an alternative to the conventional use of specialized nutritious foods.



For instance, WFP Somalia integrated a cash for prevention of acute malnutrition project into ongoing emergency food assistance in IDP camps in Baidoia and Mogadishu, where markets were found to be functional. Targeting households with either a child under 2 years or with a pregnant and breastfeeding woman, WFP reached 15,000 beneficiaries targeting households with cash top-ups. Each targeted individuals received a cash transfer designed to meet daily energy and nutrient requirements.



In Uganda, the NutriCash programme was implemented in close collaboration with the Government and partners in eight refugee-hosting districts of West Nile. Beneficiaries received cash as a critical social safety net and resilience building. In total, 13,633 PBWG and children under the age of two years received monthly cash-based transfers worth USD 2.2 million to help them meet their food and nutrition needs.

Programme recipients and spouses received training on care practices through SBC, and financial literacy training and support to start backyard gardens. Monitoring results indicate that 70 percent of supported NutriCash households reported utilising their backyard gardens to complement and diversify household diets. Similarly, 74 percent of supported households had acceptable levels of food consumption. Furthermore, the Minimum Dietary Diversity for Women (MDD-W) – the proportion of women of reproductive age eating at least five food groups in the past 24 hours – increased from 28 percent (June 2023) at baseline to 38 percent at the second routine monitoring survey conducted after six months (December 2023).



Ethiopia successfully continued the Fresh Food Voucher programme, transferring USD 6 million to 143,890 PBWG and children under 2 which were redeemed through local retailers. Outcome data show that the use of cash contributed consumption nutrient dense fresh foods among supported households.

For instance, in Amhara, only three percent of households reported having never consumed iron-rich food, a reduction from 85 percent in 2022. In addition, the consumption of diverse dietary foods among PBWG in Amhara region stagnated at 75 percent in 2023 due to access challenges while improving in Afar and Somali regions. The minimum acceptable diet for children 6-23 months improved from 7 percent prior to implementation to 52 percent in Afar and Somali. Assessments confirmed that complementing fresh food voucher with SBC was effective in contributing to adherence to recommended nutritional practices.

WFP will continue to pursue this approach, while leveraging on lessons and evidence to inform further scale up. So far, the utilization of cash transfers for nutrition outcomes, coupled with a robust SBC component and assessments of market functionality, reflects a progressive approach in addressing malnutrition. Use of cash provides beneficiaries with greater autonomy and flexibility in meeting their nutritional needs, while the incorporation of SBC strategies enhances knowledge, attitudes, and practices related to nutrition. Despite the potential benefits of cash transfers for nutrition, challenges persist in the registration and tracking of beneficiaries. WFP is testing and adopting innovative solutions such as mobile-based registration and tracking systems, community-based monitoring mechanisms, and strengthened partnerships with local authorities and community organizations.

Collaboration in the implementation of WHO Guidelines

The release of the 2023 WHO Guideline on prevention and management of wasting and nutritional oedema (acute malnutrition) in infants and children under 5 years has brought WFP, UNICEF and WHO into further collaboration ensuring wider dissemination of the recommendations. The Eastern Africa region has five frontrunner countries (Ethiopia, Kenya, South Sudan, Somalia, and Sudan) identified to initiate programmatic transitions from old protocols. These countries were identified based on the high burden of wasting and with an implementation guide developed through the corporate partnership of UNICEF and WFP.

WFP's HIV Response in Eastern Africa

The battle against HIV remains relevant both in the Eastern and Southern Africa regions although significant strides have been made. There was a commendable 65 percent decline in HIV incidence among women and girls since 2010. However, the overall decline in incidence across countries and populations is not yet swift enough to meet the 2025 targets.

In 2023, WFP's regional HIV efforts focused on a three pronged approach, **evidence and analytics for strategic programming and advocacy**; **resource mobilisation** for programme implementation and research; and **strategic partnerships**.

To strategically position HIV at the centre of WFP's regional efforts, a comprehensive synthesis of food security and nutrition vulnerability assessments among people living with HIV and HIV-affected households was conducted, utilizing evidence from Burundi, Djibouti, Kenya, Rwanda, Somalia, South Sudan, and Uganda.

The evidence reveals a complex profile of intersecting vulnerabilities, spanning social, economic, gender, and other inequalities, highlighting how HIV is both a product of and a contributor to disparities and vulnerability. This will inform effective programming for PLHIV and their households while supporting WFP's efforts towards achieving SDG 2. High-level results from four assessments conducted between 2022 and 2023 in Djibouti, Rwanda, Uganda, and Somalia, focusing on the importance of food and nutrition security for the HIV response in both stable and emergency contexts, were widely disseminated, including through seven presentations at the International Conference on AIDS in Africa (ICASA).

Engagement in the Regional AIDS Team for East and Southern Africa (RATESA) has fostered strategic partnerships with all 11 UN co-sponsors on the United Nations Joint Team on HIV/AIDS (UNAIDS) and additional partners, such as IOM and OCHA, to advance the East and Southern Africa HIV agenda. Co-leading with UNHCR in the area of work on HIV in humanitarian settings and efforts on HIV-sensitive social protection with the ILO, WFP continues to play a key role in regional efforts to eliminate AIDS as a public health threat by 2030.

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